



Iowa Department of Human Services

Iowa Medicaid Managed Care 2014



Topics

- Marketplace Choice Plan
- Iowa Wellness Plan
- MediPASS
- Meridian HMO
- Magellan Behavioral Health
- Accountable Care Organizations
- Health Risk Assessments
- Health Homes
- PACE



Iowa Health and Wellness Plan



Background

The Iowa Health and Wellness Plan was enacted to provide **comprehensive health coverage** for low-income adults

- Began January 1, 2014
- Iowans age 19 – 64
- Income up to and including 133% of the Federal Poverty Level
- New, comprehensive program replaced the IowaCare program, which ended December 31, 2013



One Plan, Two Options

Marketplace Choice Plan

- For adults age 19 - 64
- Income 101% to no more than 133% of the Federal Poverty Level

Iowa Wellness Plan

- For adults age 19 - 64
- Income up to and including 100% of the Federal Poverty Level



Goals and Objectives





Member Eligibility

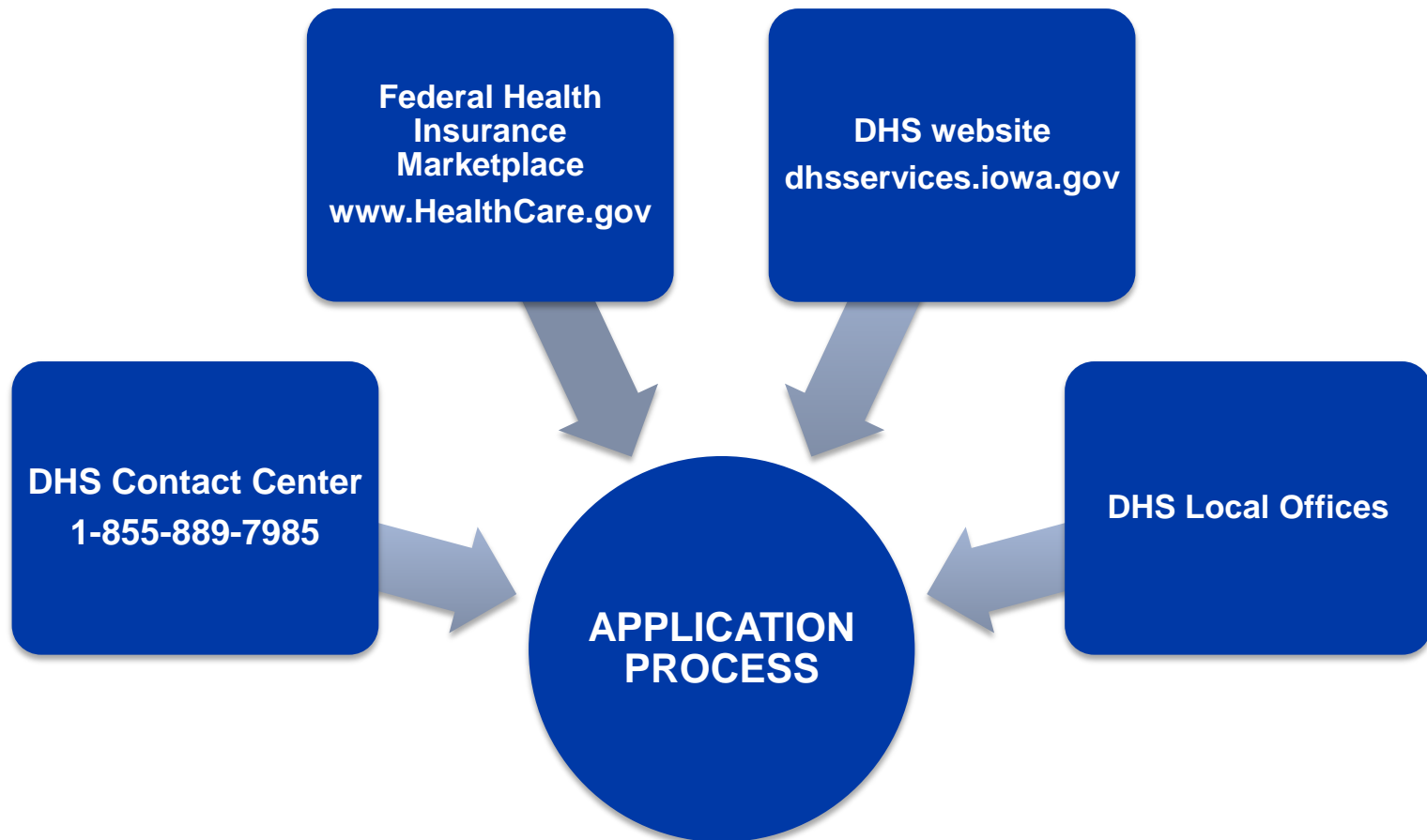
Member
eligibility

12 months of
covered
benefits

Income
re-verified for
eligibility after
a 12-month
period

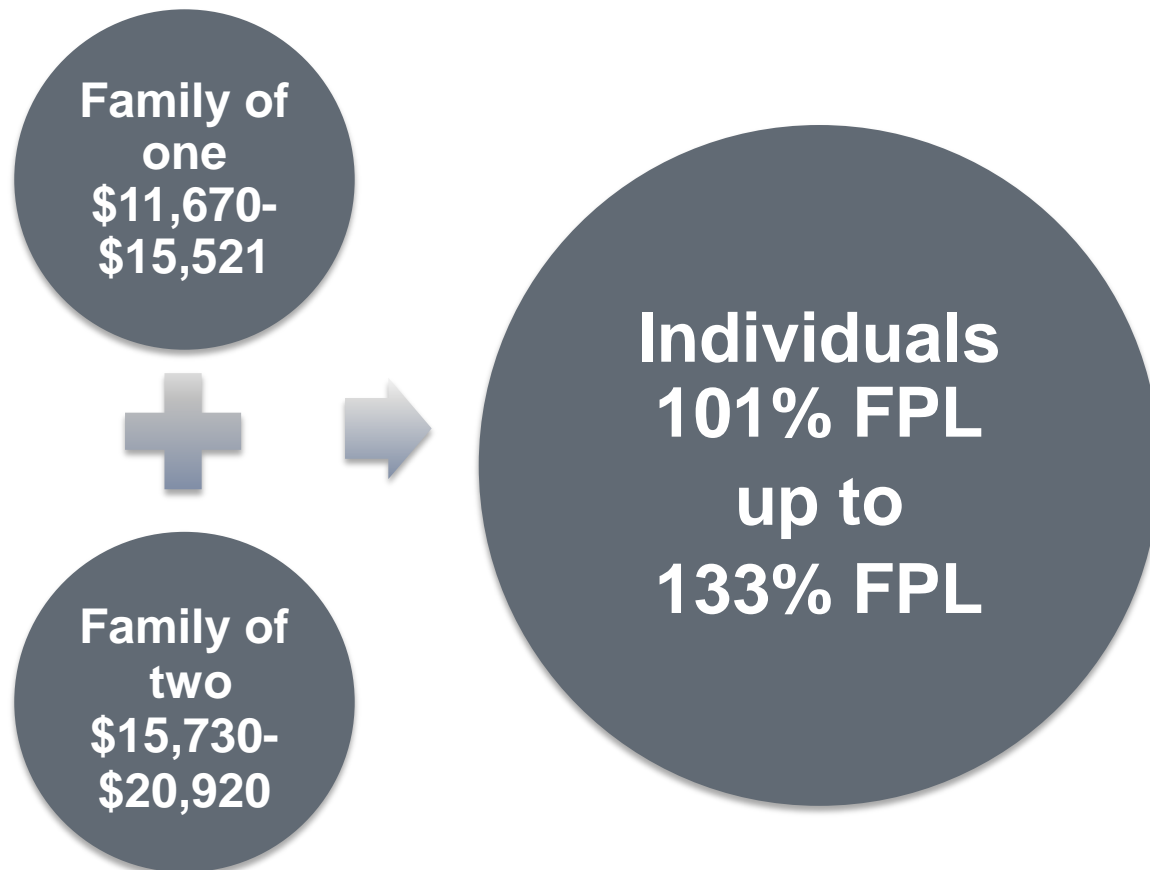


Application Process





Marketplace Choice Plan: 101-133% FPL





Marketplace Choice Plan: 101-133% FPL

- Members select a certain ***commercial health plan*** available on the Health Insurance Marketplace
- Commercial health plans available to members:
 - CoOpportunity Health
 - Coventry Health Care of Iowa
- Uses the commercial plan's statewide provider network
- Medicaid pays the premiums to the commercial health plan on behalf of the member –
often referred to as “premium assistance”



Marketplace Choice Plan: 101-133% FPL

Provides
comprehensive health
services

Coverage includes the
qualified health plan
required essential
health benefits

Benefit Categories Covered

Physician services, including primary care

Outpatient services

Emergency room services and transportation

Hospitalization

Mental health and substance use disorder

Rehabilitative and habilitative services and devices

Lab services, x-rays, imaging (MRI, CT, etc.)

Preventive and wellness services

Home & community based services

Prescription drugs

Dental services



Marketplace Choice Plan: 101-133% FPL

Out of pocket costs:

- No copayments except for using the emergency room when it is not an emergency
- No monthly contributions during year one (2014)
- Costs cannot exceed 5% of income



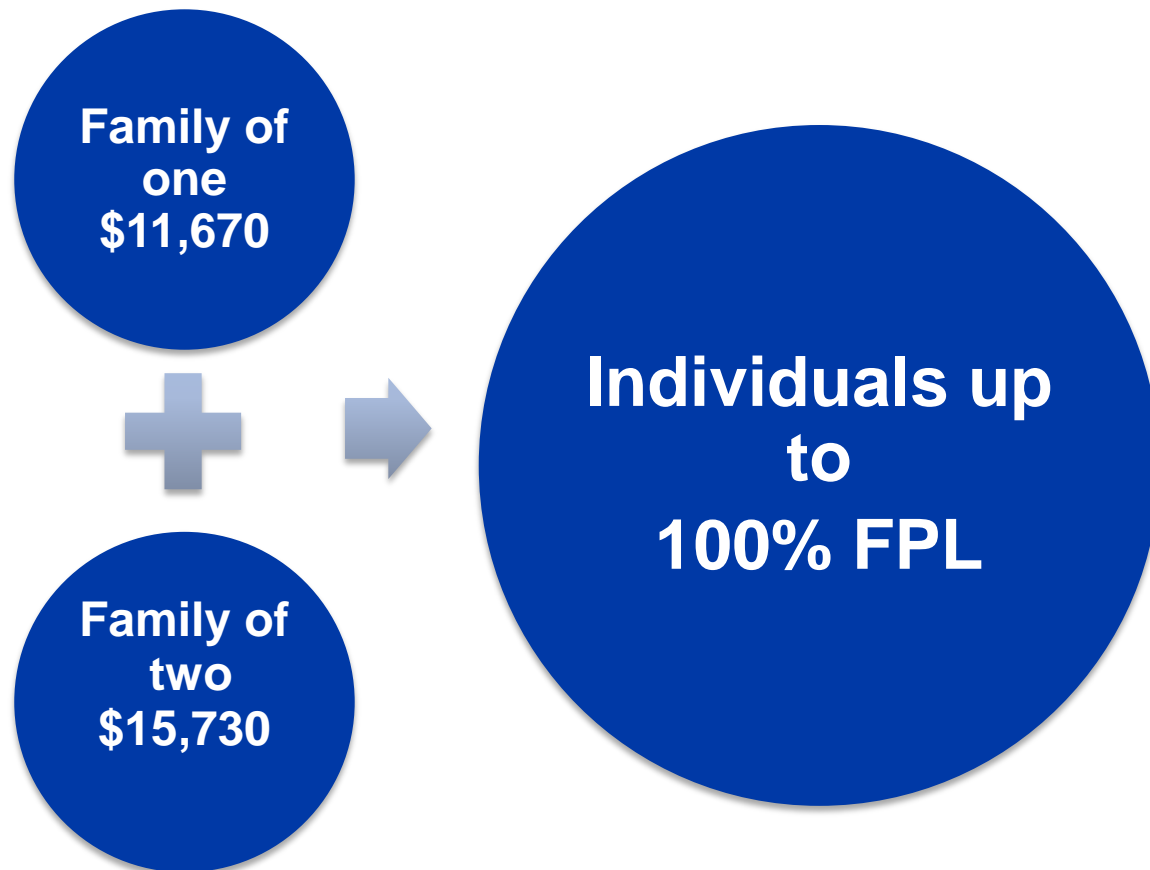
Marketplace Choice Plan: 101-133% FPL

Innovation: Purchasing private coverage

Allows individuals to stay enrolled in their current plan if their income changes



Iowa Wellness Plan: 0-100% FPL





Iowa Wellness Plan: 0-100% FPL

Administered by Iowa
Medicaid

Provides
comprehensive
health services

Coverage is equal to
the benefits provided
to state employees

Benefit Categories Covered

Physician services, including primary care

Outpatient services

Emergency room services and transportation

Hospitalization

Mental health and substance use disorder

Rehabilitative and habilitative services and devices

Lab services, x-rays, imaging (MRI, CT, etc.)

Preventive and wellness services

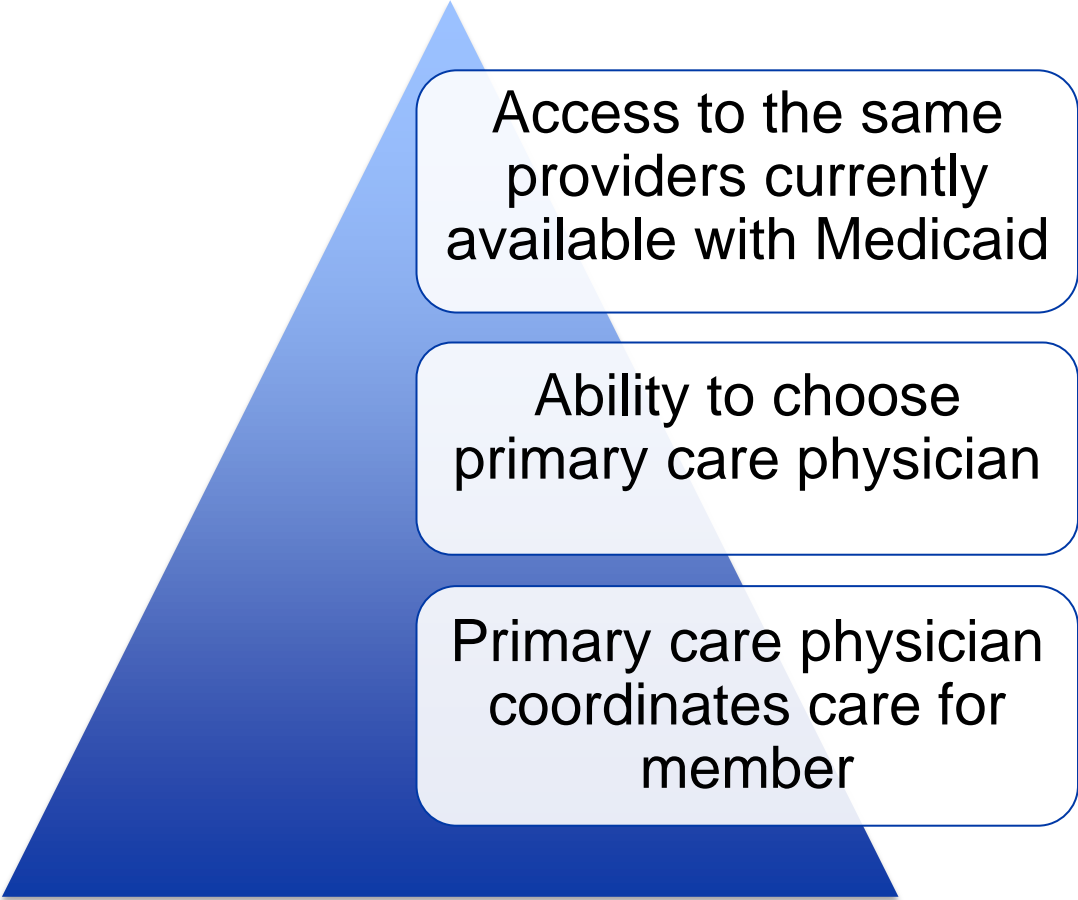
Home & community-based services

Prescription drugs

Dental services



Iowa Wellness Plan: 0-100% FPL



Access to the same
providers currently
available with Medicaid

Ability to choose
primary care physician

Primary care physician
coordinates care for
member



Iowa Wellness Plan: 0-100% FPL

Out of Pocket Costs:

- No copayments except for using the emergency room when it is not an emergency
- No monthly contributions during the first year (2014)
- No contributions for those with income below 50% FPL
- Costs cannot exceed 5% of income



Iowa Wellness Plan: 0-100%

Out of Pocket Costs:

- Monthly contributions may be waived beginning in 2015 or second eligibility year
- First year members need to complete health risk assessment and wellness exam (annual physical)
- 2015 and beyond will offer other wellness activities



Healthy Behaviors Program

Incentive Program for Members

Premiums Waived Program

Year 1	Waived
Year 2	Waived if Year 1 Healthy Behaviors met
Year 3	Waived if Year 2 Healthy Behaviors met

***Applies only to members =>50% FPL**



Medically Exempt

42 CFR § 440.315 (f)

- **‘Medically Exempt’** includes individuals with disabling mental disorders (including adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living, or individuals with a disability determination based on Social Security criteria.



Medically Exempt

Process

- Medically exempt individuals have the choice of receiving benefits equivalent to Medicaid State Plan or Iowa Health and Wellness Plan benefits
- Medicaid has a process to screen for Medically Exempt members through several means:

Member
survey

Provider
referral

Claims review
(to come in
2014)



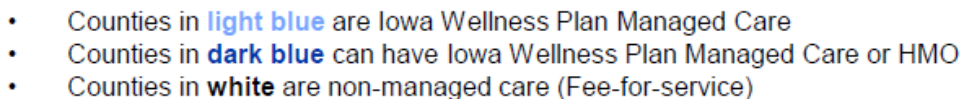
Iowa Health and Wellness Plan Status

Provider Access

- Iowa Wellness Plan members have over 1,495 primary care providers available, in addition to other contracted Medicaid providers
- All members have access to local providers (doctors, hospitals, pharmacies, etc.)
- In 87 counties, members will be assigned to a primary care physician of their choice in their county (where approx. 94% of members live)



**Iowa Wellness Plan Managed Care Map:
As of May 2014**





Iowa Health and Wellness Plan Status

Member Assignments

- **All** members start as Iowa Wellness Plan Fee-for-Service for the first 4-6 weeks, depending on application date
- Selection is always effective the first of a month
- Selections made prior to the “Cut off” date are effective the next month
- Selections made after the “Cut off” date are effective the month after



Iowa Health and Wellness Plan

Dental Wellness Plan

- Contracted with Delta Dental to cover services
- Coverage began May 1, 2014
- Coverage available to:
 - Marketplace Choice Plan
 - Iowa Wellness Plan
 - Medically Exempt
 - Presumptive Iowa Wellness Plan

More information available here: www.deltadentalia.com/dwp



**Medicaid Patient Access to
Service System
MediPASS**



Background

- Developed by DHS with support from Iowa Medical Society and Iowa Osteopathic Medical Association
- Iowa Legislature Mandated
- Program began in 1990



Goals

- Enhance quality and continuity of care
- Ensure appropriate access to care
- Educate members to access medical care from the most appropriate point



Participants

- Children
- Families with children
- Pregnant women
- Excluded individuals
 - Native Americans and Alaska Natives
 - Title V children
 - Aged/disabled
 - Childless adults



Meridian-HMO

Meridian Health Plan (MHP)

Mission: To improve the quality of care
in a low resource environment





Meridian-HMO

Service Description

- Functions as a care management/preventative care organization with emphasis on disease management
- Meridian Health Plan (MHP) provides Medicaid covered benefits to members based on Iowa Medicaid guidelines
 - Diagnostic tests
 - Home healthcare
 - Inpatient hospital care
 - Emergency room treatment



Meridian-HMO

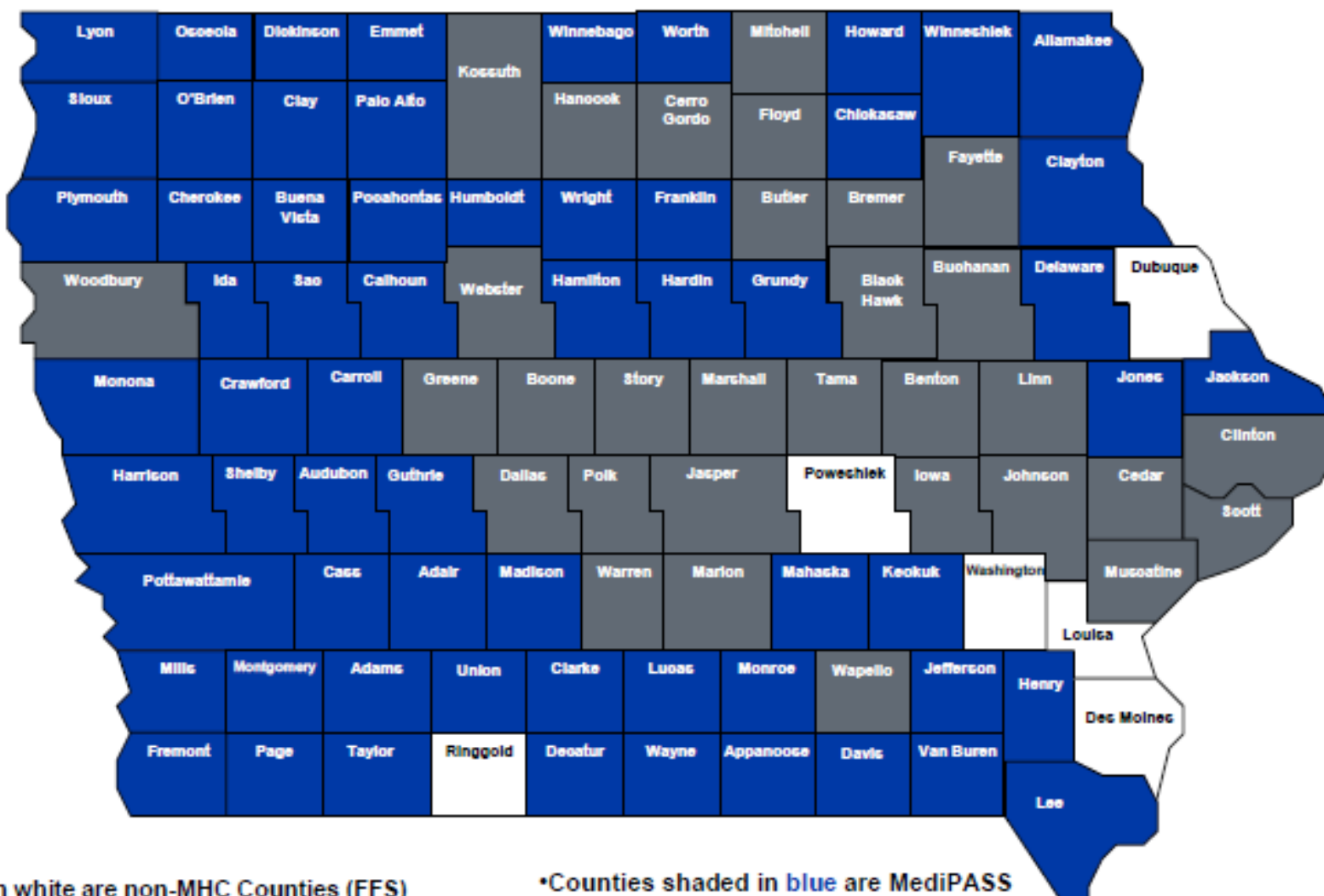
Resources

- Customer Service Phone 1-877-204-8977
 - Fee schedule assistance
 - Discuss recurring problems/concerns
 - Provider education
 - Primary care administration
 - Initiate physician affiliation/disaffiliation & transfer
- Website www.mhplan.com
 - Provider Manual
 - Bulletins
 - Forms



Iowa Department of Human Services

Iowa Medicaid Managed Health Care: May 2014



•Counties in white are non-MHC Counties (FFS)

•Counties shaded in gray can have MediPASS or HMO

•Counties shaded in blue are MediPASS

•Counties shaded in light blue can have MediPASS or FFS



Managed Care Patient Managers

(Iowa Wellness Plan and MediPASS)



Patient Manager

Provider Types

- MD
- DO
- ARNP
- CNM
- FQHC
- RHC

Provider Specialties

- Family Practice
- General Practice
- OB/GYN
- Internal Medicine
- *Pediatricians

*Generally MediPASS only



Patient Manager

Responsibilities

- Provide Primary Care
- Supply a 24-hour access number to provide instruction to or for members
- Treat patient or give referral for treatment
- Accept patients up to the agreed limit



Patient Manager

Primary Care Services

- Coordinate and monitor care
- Ensure appropriate access to health care
- Encourage member engagement in their own health care



Patient Manager

24 Hour Access

- Patient Managers are the point of access to health care
- Single 24 hour phone number must be established
- Phone number is available to members and providers for:
 - Scheduling appointments
 - Accessing information when the office is closed
- IME staff randomly verify 24 hour access



Patient Manager

“Treat or Refer”

- *Patient Manager* **must** treat the patient or refer for services
- *Treating provider* must obtain a referral from the *Patient Manager*
- Paper referrals are not required by the IME
- Emergent services do not require a referral

<http://dhs.iowa.gov/sites/default/files/EmergencyDiagnosisCodes.xls>



Patient Manager

Member Disenrollment

- A member may be dis-enrolled for a “good cause”
 - Failure of member to follow treatment plan(s)
 - Repeated failure to keep appointments
 - Abusive behavior towards provider or staff
 - Drug Seeking Behavior
 - Seeking unauthorized care from others
- Complete form 470-2169 and fax to 515-725-1155
- The member is notified and allowed 5 business days to respond to the IME



Patient Manager

Provider Benefits

Payment	Performance
Fee for Service or Encounter Based Fee	Claim submission
Administrative Fee	Per Member-Per Month
* Wellness Exam Incentive \$10.00	Per Member Annually if 50% Threshold Achieved
* Up to \$4.00 Wellness Plan Medical Home Value Index Score (VIS) Bonus	Per Member Quarterly if Quality Target Achieved

*Iowa Wellness Plan Only



Patient Manager

Administrative Fees

- \$2.00 per member per month for MediPASS
- \$4.00 per member per month for Iowa Wellness Plan
- Paid to selected patient manager
- Provides primary care services or referral and basic care coordination



Patient Manager

Wellness Exam Incentive

- Patient manager ensures members are offered and receive preventive services
- \$10.00/year per member bonus when 50% of assigned members receive preventive exam
- Aligned with the member *Healthy Behavior* incentive



Patient Manager

Wellness Exam Incentive

- Data determined through retroactive data analysis
- Reporting period is calendar month based
- The IME will look for new & established patient codes in reporting period

CPT Codes with a Date of Service During the Reporting Period

New Patient CPT Codes

99385	18-39 years of age
99386	40-64 years of age

Established Patient CPT Codes

99395	18-39 years of age
99396	40-64 years of age



Patient Manager

Value Index Score (VIS)

- Incentivize quality improvement based on outcome over baseline
- Person focused, not disease focused
- Quarterly Bonus payment of *up to* \$4 per member per month for demonstrated improvement in VIS measures



Patient Manager

VIS Domains

VIS Domain	Measurements
Primary & Secondary Prevention	Measures the performance on screening services designed for early detection or prevention of disease
Tertiary Prevention	Evaluates the effectiveness of a provider in addressing “sick” care
Disease Progression	Assesses any changes in the number of chronic conditions or severity within the chronic conditions for patients
Chronic & Follow-up	Measures the processes & impact on members of the population who have chronic conditions
Continuity of Care	Measures the concentration and continuity of physician visits
Efficiency	Examines risk-adjusted rate of prescribing generic medications & the appropriate use of outpatient services



Patient Manager

VIS Bonus

- Maximum of \$4 PMPM
- Uses VIS to measure performance vs. baseline
- Must improve baseline percentage to the Target Improvement Goal to earn the full VIS Medical Home Bonus

Quintile	*Target Improvement Goal
Quintile 1(top performers)	Remain in the top quintile (80% or greater)
Quintile 2	4% above baseline
Quintile 3	6% above baseline
Quintile 4	8% above baseline
Quintile 5 (lowest performers)	10% above baseline



Patient Manager

VIS Bonus

- Risk Corridors account for variation in data due to calculation at the individual provider level
- Reviews the average panel size for 12 months prior to the performance year
- Risk Corridors are established concurrently with the VIS Baseline Percentage

*Panel Size	Risk Corridor
Less than 200 Medicaid Members attributed to Panel	+4%
200 or more Medicaid Members attributed to the Panel	+2%
*Provider must have at least two years of Medicaid claims experience	



Patient Manager

Patient Manager Agreements

- Must be enrolled, active Medicaid provider
- Patient Manager selects:
 - Maximum number of members
 - Age range
 - Counties served
- Once completed the Agreement may be
 - Submitted electronically through “Submit” tab
 - Or faxed to 515-725-1155
- MediPASS Agreement: 470-2615
- Iowa Wellness Plan: 470-5177



**Iowa Wellness Plan
Accountable Care
Organizations
ACO**



State Innovation Model

ACO

Accountable Care Organization: is a health care **organization** “characterized by a payment and delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients...”



Accountable Care Organizations

ACO

- ACO Agreement, Form 470-5218, is now available
 - Signed after completing a Provider Enrollment Application, Form 470-0254
- Two ACO contracts were effective April 1, 2014
 - **University of Iowa Health Alliance LLC**
 - **UnityPoint Health Partners**



Accountable Care Organizations

ACO Overview

- Incentives are paid out at the ACO level when the Primary Care Provider is under contract with a Medicaid Wellness ACO
- ACO receives an additional \$4 Per Member Per Month (PMPM) payment
- Iowa Wellness Plan members may select or be attributed by the state to a Patient Manager that is or is not part of an ACO



Accountable Care Organizations

ACO Agreement

- The ACOs are expected to provide supports that lead to better health outcomes and lower expenditures for Iowa Medicaid
- This will be accomplished with:
 - Communication between referring providers
 - Engaging members in their own care plans
 - Ongoing performance measurements
 - Identifying gaps in care



Accountable Care Organizations

ACO Incentives

Payment	Performance
Administrative Fee \$4.00	Per Member-Per Month (PMPM)
Additional Incentive Fee \$4.00	Per Member-Per Month for member engagement activities
AssessMyHealth Health Risk Assessment (HRA) \$25.00	Once per member, to integrate HRA results into the member's care plan
Wellness Exam Incentive \$10.00	Per Member Annually if 50% Threshold Achieved
Up to \$4.00 Wellness Plan Medical Home Value Index Score (VIS) Bonus	Per Member Quarterly if Quality Target Achieved



Accountable Care Organizations

ACO Expectations

- Agrees to develop a Member Engagement plan and improve access to primary care
- Agrees to implement NCQA PCMH 2011 standards for after-hours access in every county where ACO PMs see patients
- Will be measured to ensure that targeted members have completed their healthy behaviors



Health Risk Assessment HRA



Health Risk Assessment

HRA Tool

- Identifies unhealthy behavioral factors and how to reach better outcomes
- Helps members think about their health and provides topics to discuss during appointment
- Allows providers and patients to coordinate care
- Offers a snapshot of patient demographics to the provider's practice
- Provides actionable data that can be improved by specific interventions in the practice



Health Risk Assessment

Medicaid's Approach

- HRA tool Called AssessMyHealth (AMH)
- Providers register for a unique access code to supply to their patients
- The IME will reimburse providers for HRA completion by claim submission
 - Details available on the provider toolkit
http://dhs.iowa.gov/sites/default/files/Provider%20Health%20Behaviors%20Toolkit_05092014_0.pdf
- Medicaid's approach is on the following slides



2014 Healthy Behaviors


AssessMyHealth

How's Your Health


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DAILY ACTIVITIES


During the past 4 weeks, how much difficulty have you had doing your usual activities or tasks, both inside and outside the house because of your physical and emotional health?

☐ No difficulty at all 

☐ A little bit of difficulty

☐ Some difficulty 

☐ Much difficulty

☐ Could not do 

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How's Your Health


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FEELINGS


During the past 4 weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad or downhearted and blue?

☐ Not at all 

☐ Slightly

☐ Moderately 

☐ Quite a bit

☐ Extremely 

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Health Risk Assessment

Medicaid's Approach

- Providers may be reimbursed for incorporating HRA results into the member's care plan
 - **Must** be the AMH HRA tool
 - Only the first "clean" claim is reimbursed
- Submit CPT Code 99420 with modifier UB
- Code reimbursement rate is \$25.00
- Only reimbursed for Iowa Wellness Plan members
- All HRA completion data for 2014 must be submitted to the IME by January 15, 2015



Magellan Behavioral Health





Magellan Behavioral Health

Iowa Plan

- Statewide plan that covers most Medicaid members
- Most services are billed to the Iowa Plan contractor, currently Magellan Behavioral Health Services
- Members that are not enrolled with the Iowa Plan have services paid through the IME



Magellan Behavioral Health

Iowa Plan

- Providers can contact Magellan at:
 - Toll-free (800) 638-8820
 - Local Des Moines area (515) 223-0306
- Website: www.magellanofiowa.com
 - State plan specific information:
www.magellanprovider.com/MHS/MGL/about/handbooks/supplements/iowaplan/index.asp



Chronic Condition Medical Health Home



Health Home

Overview

- Health Home offers enhanced support services for members with specific chronic conditions
- Supports care coordination activity and enhanced patient support to drive improved patient outcomes and cost savings
- Providers receive a Per Member Per Month (PMPM) payment
- Providers must meet certain standards and seek patient centered medical home (PCMH) recognition within 12 months of enrollment



Health Home

Provider Benefits

- Providers are eligible for two incentives
- PMPM fee based on member's conditions
- Annual "Pay For Performance" (PFP) for reaching defined quality measurements

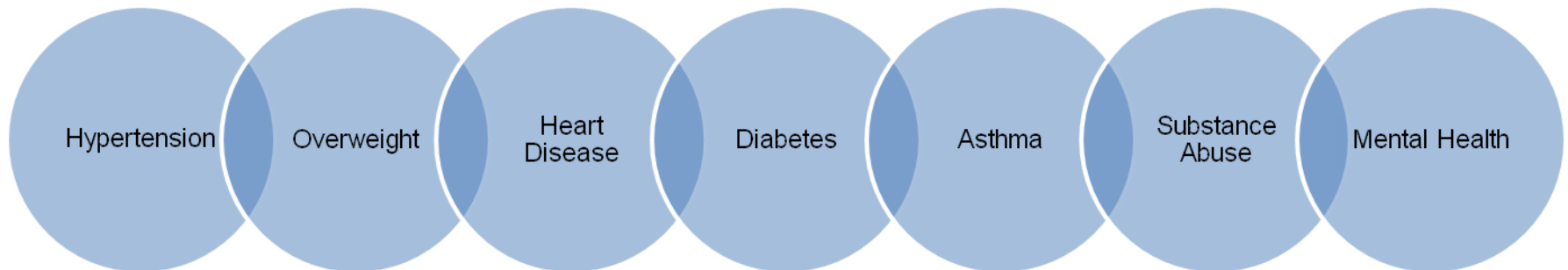
Member's Tier	PMPM Rate
Tier 1 (1-3 chronic conditions)	\$12.80
Tier 2 (4-6 chronic conditions)	\$25.60
Tier 3 (7-9 chronic conditions)	\$51.21
Tier 4 (10 or more chronic conditions)	\$76.81



Health Home

Qualifying members

Adults or children with at least two chronic conditions or having one chronic condition and at risk for developing a second:





Provider Updates

- As of April 1, 2014, IMPA maintains a PMPM report
- Report allows Health Homes to attest to providing, at minimum, the patient management services
- This IMPA attestation process will prompt our claims system to pay out the PMPM administrative fee
- Prior to April 1, 2014 providers submitted a monthly claim



Integrated Health Home IHH



Integrated Health Home

Overview

- Program started July 1, 2013
- IHH providers deliver services through an individual/family-centered, strengths-based approach that includes:
 - Comprehensive care management
 - Care coordination using wraparound approach
 - Health promotion, wellness, and prevention activities
 - Comprehensive transitional care
 - Individual and family support services
 - Referral to community and social support services



Integrated Health Home

Eligible Members

- Iowa Plan-eligible adult members with serious and persistent mental illness(SPMI)
- Iowa Plan-eligible child/youth members with serious emotional disturbances(SED)
- Approximately 45,000 members statewide
- More information available at:

www.magellanofiowa.com/for-providers-ia/integrated-health-home.aspx



Program of All-inclusive Care for the Elderly PACE



PACE

PACE Members

- Age 55 or older
- Reside in a county where PACE is available
- Live in a community home (at time of initial PACE approval)
- Medicaid eligible, Medicare eligible, or dual Medicaid/Medicare eligibility
- Meet level of care
- Must live in a designated PACE service area



PACE

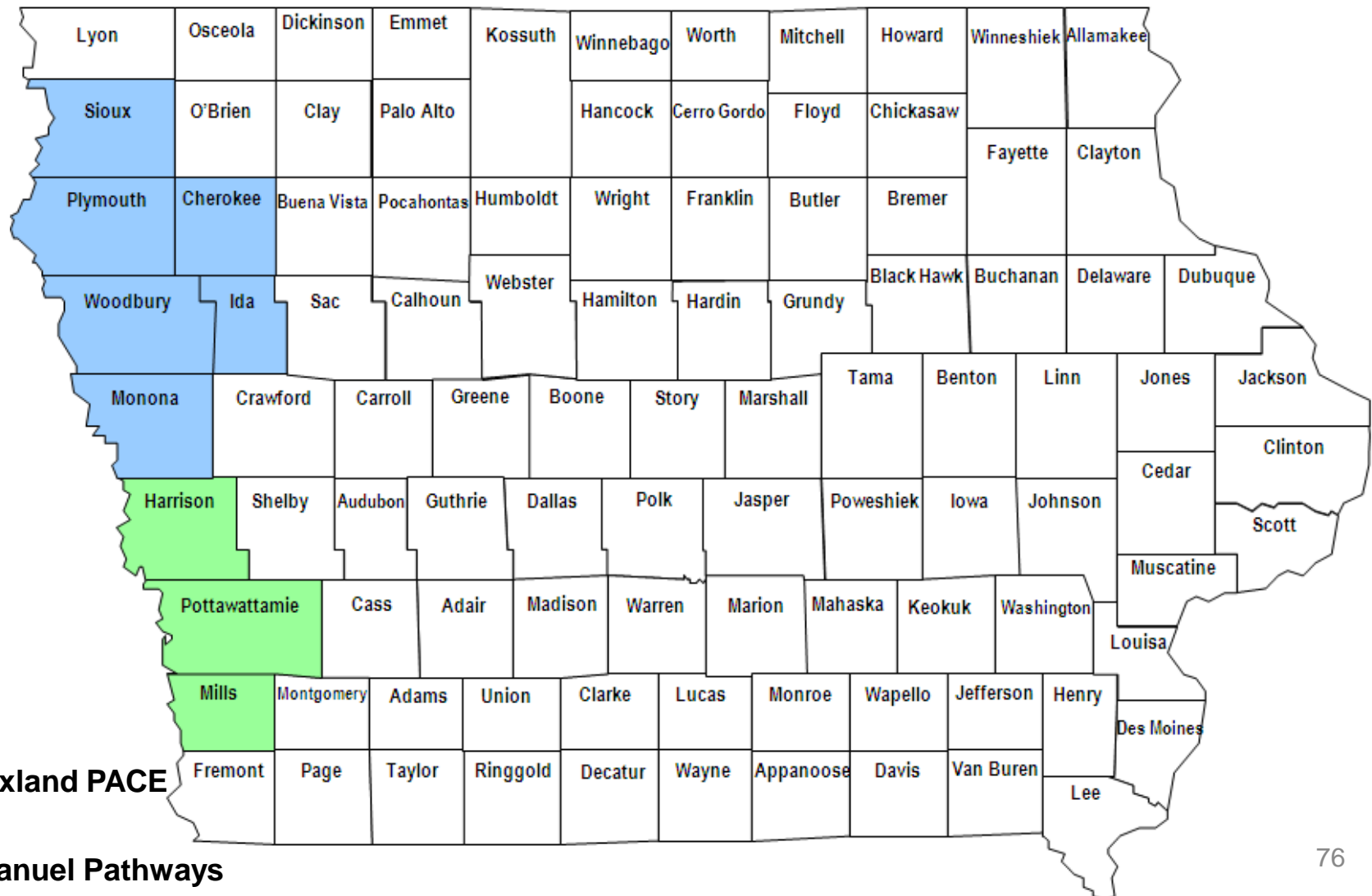
Overview

- Managed care program with capitated monthly rates
- Provides all primary, social, in-home, prescribed medications, acute & long-term care for members
- Supports & coordinates care that allows members to remain at home
- A Medicaid State Plan program
 - Not a benefit for Iowa Wellness Plan
 - Not an MCO program
- Visit: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/pace>



Iowa Department of Human Services

PACE Map





Provider Services Outreach Staff

Offer the following services:

- On-site training
- Escalated claims issues
- Managed care education
- email imeproviderservices@dhs.state.ia.us